DOCUMENT RESUME

ED 374 620 EC 303 343

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TITLE An Executive Summary and Further Analysis of Mississippi's 1990 Report to Congress under the Development Disabilities Assistance and Bill of Rights Act.
INSTITUTION Mississippi Developmental Disabilities Planning Council, Jackson.
PUB DATE Feb 94
NOTE 60p.
PUB TYPE Reports - Evaluative/Feasibility (142)

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS Delivery Systems; *Developmental Disabilities; Educational History; Educational Trends; Elementary Secondary Education; Employment Patterns; Expenditures; Federal Aid; Federal Legislation; *Human Services; Mainstreaming; *Participant Satisfaction; Social Integration; *Special Education; *State Programs; Student Placement; Trend Analysis
IDENTIFIERS Developmental Disabled Assist Bill of Rights Act; *Mississippi

ABSTRACT

This report offers an executive summary and further analysis of a 1990 report that presented a comprehensive picture of service delivery for persons with developmental disabilities in Mississippi. The 1990 report, which was mandated by the Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1987, analyzed federally assisted and state agency programs and consumer satisfaction and offered recommendations. This executive summary traces the history of Mississippi special education services, integration of students with disabilities, and results of interviews with 300 individuals with disabilities. These individuals represented 17 locations, 14 centers, 11 cities, and 9 counties from the State of Mississippi. Tables accompany text that discusses: Mississippi expenditures on education, health, and social services; special education growth from 1962 to 1992; growth in special education by specific disability groups; racial composition of special education enrollment; educational environments by disability; comparisons of percentages of students in different educational environments among different states; similar comparisons by specific disability groups; consumer satisfaction with residential and vocational services; participation in community and leisure activities; services needed; and employment and income. Recommendations focus on supports to individuals and families, employment and income, aging, education, housing, and prevention. (Contains 28 references.) (JDD)

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AN EXECUTIVE SUMMARY AND FURTHER ANALYSIS OF MISSISSIPPI'S 1990 REPORT TO CONGRESS UNDER THE DEVELOPMENT DISABILITIES ASSISTANCE AND BILL OF RIGHTS ACT

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A Design for the Future:

Independence • Productivity • Integration for People with Developmental Disabilities

Prepared for the

DEVELOPMENTAL DISABILITIES PLANNING COUNCIL
1101 ROBERT E. LEE BUILDING
JACKSON, MISSISSIPPI 39201

February, 1994

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Acknowledgements

The development of the 1990 and 1994 Reports have involved many interested citizens in the state, with the study and subsequent recommendations covering a wide spectrum of activities. Numerous staff persons from Mississippi state and local agencies fully cooperated in gathering information, much of which was not available in readily accessible forms. We thank these many staff members for listening, caring and most importantly -- responding.

Individuals with developmental disabilities cooperated to the extreme. Of the 300 individuals randomly selected for the consumer satisfaction study, only two refused to fully cooperate with the interviewers. These individuals represented 17 locations, 14 centers, 11 cities and 9 counties from all sections of the State of Mississippi. We acknowledge all of these wonderful Mississippians with developmental disabilities and their families for sharing their hopes, dreams, and aspirations with us.

Finally, no report of this nature could please everyone on the Developmental Disabilities Planning Council. Nor did the authors attempt to build full consensus. However, personnel from the Mississippi Department of Education and other agencies honored our request to review the final draft to check for the accuracy of the information and statistical data. Interpretation and discussion of the data is that of the authors.

Overview of the 1990 Report Process

The Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1987 mandated State Planning Councils for Developmental Disabilities to undertake an information gathering process which would culminate with the submission of a report to State governors by January 1, 1990. The information gathering process outlined in the Act identified the following three steps. State Planning Councils were to:

"Step A: Review and Analyze Federal and State Programs

Each State Planning Council shall conduct a comprehensive review and analysis of the eligibility for services provided, and the extent, scope, and effectiveness of, services provided and functions performed by, all State agencies (including agencies which provide public assistance) which affect or which potentially affect the ability of persons with developmental disabilities to achieve the goals of independence, productivity, and integration into the community..."

Step B: Review and Analyze Effectiveness of and Satisfaction with Federal and State Programs from the Consumer's Perspective

Each State Planning Council shall conduct a review and analysis of the effectiveness of, and consumer satisfaction with, the functions performed by, and services provided or paid for from Federal and State funds by each of the State agencies (including agencies providing public assistance) responsible for performing

functions for, and providing services to, all persons with developmental disabilities in the State. Such review and analysis shall be based upon a survey of a representative sample of persons with developmental disabilities receiving services from each such agency, and if appropriate, shall include their families.

Step C: Convene Public Forums

Each State Planning Council shall convene public forums, after the provision of notice within the State, in order to:

"(1) present the findings of the reviews and analyses prepared under paragraphs (1) and (2);

"(2) obtain comments from all interested persons in the State regarding the unserved and underserved populations of persons with developmental disabilities which result from physical impairment, mental impairment, or a combination of physical and mental impairments; and

"(3) obtain comments on any proposed recommendations concerning the removal of barriers to services for persons with developmental disabilities and to connect such services to existing State agencies by recommending the designation of one or more agencies, as appropriate, to be responsible for the provision and coordination of such services."

The above review and analysis was to be done from the perspective of how services impacted individuals who met the following Federal functional definition of developmental disabilities:

"The term `developmental disability' means a severe, chronic disability of a person which

"(A) is attributable to a mental or physical impairment or combination of mental and physical impairments;

"(B) is manifested before the person attains age twenty-two;

"(C) is likely to continue indefinitely;

"(D) results in substantial functional limitations in three or more of the following areas of major life activity: (i) self-care, (ii) receptive and expressive language, (iii) learning, (iv) mobility, (v) self-direction, (vi) capacity for independent living, and (vii) economic self-sufficiency; and

"(E) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated."

One of the mandated outcomes of the above information gathering process was to develop a set of recommendations on how to better meet the needs of people with developmental disabilities and how to enhance their opportunities for independence, productivity and integration into the community. Independence, productivity and integration can be defined as follows:

"• **independence**: defined as the ability to make choices and to exercise control over one's life;

"• **productivity**: defined as the opportunity to work and make a contribution;

"• **integration** into the community: defined as the participation in the richness of life within society not apart from it."

The Research and Training Center for the Handicapped located at the University of Mississippi was contacted to develop the 1990 Report to Congress. This report was divided into three volumes: Volume I, Federally Assisted and State Agency Programs; Volume II, Consumer Satisfaction Study; and Volume III, Recommendations.

Volume I: Federally Assisted and State Agency Programs

Volume I is an analysis of federally-assisted and state-agency programs and is one part of the 1990 Report. In its entirety, Volume I is a comprehensive review of Mississippi's service delivery network serving individuals who are developmentally disabled.

The contents of Volume I contain descriptions of federal programs in Mississippi providing services to persons with developmental disabilities. The selection of these specific programs was done through technical assistance provided by the National Association of Developmental Disabilities Councils (NADDC), the Director of the Mississippi Council on Developmental Disabilities, the Governor's office of State-Federal Programs, and the Federal Office of Domestic Assistance in Washington.

Each program description is formatted to provide the reader, when available, with information on 1) the administering agency; 2) the legislation enabling the provision of services; 3) the eligibility requirements for receiving services; 4) the scope of the programs (a range of the services offered); 5) the extent of services (data on the numbers served or program expenditures); 6) the effectiveness of the services in meeting the needs of individuals with disabilities. (For detailed information on each state agency the reader should consult Volume I.)

From our analysis of services and an analysis of existing and projected fiscal resources for Mississippi, the cooperative support, joint coordination and appropriate planning among all of Mississippi State Agencies are absolutely essential for individuals with developmental disabilities and their families. Most of Mississippi's State agencies affect the ability of persons with developmental disabilities to achieve the goals of independence, productivity, and integration into the community. Mississippi State agencies administered programs for fiscal years 82 through 92 totaling more than thirty seven billion dollars. These agencies included primarily the Mississippi Departments of Health, Mental Health, Education, Human Services, Vocational Rehabilitation, Medicaid, Aging, Special Schools, and HUD.

In 1992, less than one hundred million dollars per year of all Mississippi's federal program funds were administered outside state government. State Agencies administratively have been and will continue to be involved with the vast majority of fiscal activities that affect the ability of persons with developmental disabilities to achieve the goals of independence, productivity and integration into the community.

See Table 1 for a ten year fiscal summary of the major agencies of education, health and social services that most directly provide services to persons with developmental disabilities.

Table 1

State of Mississippi Expenditures

	Education	Health & Social Services	Federal Government Revenues to Mississippi	Total Government Expenditures
1992	1,338,587,424	2,096,951,997	2,494,486,866	4,993,672,300
1991	1,247,374,130	1,730,372,122	2,394,091,984	4,415,569,356
1990	1,258,523,029	1,512,828,803	1,662,309,666	4,103,786,569
1989	1,172,932,212	1,304,743,772	1,495,328,622	3,815,746,567
1988	1,079,384,591	1,210,532,946	1,466,436,992	3,550,139,644
1987	1,091,492,513	990,150,863	1,354,168,215	3,297,461,878
1986	926,116,360	1,035,220,515	1,281,374,588	3,207,465,990
1985	821,412,000	761,171,000	837,810,350	2,961,284,000
1984	784,538,000	718,295,000	875,137,182	2,667,249,000
1983	744,434,000	600,360,000	793,216,611	2,448,699,000
1982	733,351,000	636,251,000	806,617,037	2,439,156,000

Source: Mississippi State Department of Finance and Administration

One Mississippi State Department of Education program was selected among the large number of governmental programs reviewed and analyzed in Volume I. This program was selected in order to describe the historical progress being made to provide educational and related services to all children and youth with disabilities.

A brief comparison is made of similar services being provided in selected states. Hopefully, such a comprehensive review and analysis will be made of other Mississippi agency programs in future reports.

Development of Mississippi Education Programs for Children and Youth with Disabilities

The beginning of Mississippi special education services for exceptional children can be traced to 1848 when a residential school, the Mississippi Institute for the Blind, was established by the state legislature. This school, currently known as the Mississippi School for the Blind, is operated through the Mississippi Department of Education. Another residential school, the Mississippi Institution for the Deaf and Dumb, was established by the state legislature in 1854. The name of this school was changed later to the Mississippi School for the Deaf and is also a unit of the Department of Education. These two residential schools, which exist today in Mississippi, have provided comprehensive services for deaf, blind, deaf-blind, and multihandicapped deaf and blind individuals.

However, special education in Mississippi did not begin until 1952 with 10 classes, when House Bill 51 was passed by the state legislature. Most of the teachers were from the general education teaching field because few had any special education training. Since 1952, Mississippi special education classes and training programs have grown significantly.

House Bill 51 of 1952 specified that special education services should be organized in state local educational agencies for children with physical or mental handicaps who could not fit into regular classes. The funds appropriated to implement

House Bill 51 were authorized to separate school districts or county districts in which a desire to establish programs existed. Nine classes in mental retardation and one in speech correction were initiated and approved by the Mississippi State Department of Education for the 1952-53 academic year. By the 1958-59 academic year, Mississippi special education classes had grown from 13 classes in nine schools during 1952-53 to 70 classes in 34 schools. During the 1962-63 academic year, 100 special education classes in 42 school systems served 2,168 handicapped children. At the end of the 1968-69 academic year, there were 360 special education classes serving approximately 10,000 students.

With the enactment of Public Law 94-142 in 1975, steps were taken to ensure that all handicapped individuals in Mississippi have available to them the variety of programs and services available to nonhandicapped individuals. Approval, supervision, monitoring, and evaluation of the effectiveness of local programs and projects is provided through the Mississippi State Department of Education.

Table 2 portrays the enormous growth in the special education population. In the 1962-63 school year, only 2,168 students were identified and served in public school programs. By the 1992-93 school year, the special education population had increased to 62,124.

Table 2

Special Education Growth in Mississippi

Year	# of Students Served
1992-93	62,124
1989-90	59,043
1984-85	50,519
1980-81	44,852
1976-77	27,546
1973-74	21,550
1962-63	2,168

Source: Mississippi State Department of Education

Growth in Types of Disabilities Among Students Served

A total of 26,443 children and youth (6 through age 21) with disabilities were served in Mississippi during school year 1976-77 under the IDEA, Part B program. During the 1991-92 school year, an additional 29,376 children and youth were served.

The number of children and youth with disabilities continues to grow in most disability categories. However, there were marked changes in the distribution of children with specific learning disabilities between school years 1976-77 and 1991-92.

Since 1976-77, the number of students with specific learning disabilities has increased by approximately 27,000. Table 3 shows that the relative proportion of students with specific learning disabilities has drastically changed from approximately 10 percent in 1976-77 to approximately 50 percent in 1991-92. This marked increase in the number of children identified with specific learning disabilities may be due, in

part, to the reclassification of students with other disabilities (e.g., mental retardation) to the specific learning disability category.

Students identified as having mental retardation has decreased since 1976-77 in actual numbers. Although these students comprised 53.5 percent of the total population of students with disabilities in 1976-77, they accounted for just 8.05 percent in 1991-92.

This substantial decrease in the number of children identified as having mental retardation may be due to: 1) the use of more restrictive and stringent classification criteria; 2) the Mattie T. vs. State of Mississippi Federal Court ruling that many minority children have been inappropriately diagnosed as having mental retardation (racial bias in testing); and 3) a tendency, on the part of both professionals and parents, to classify children and youth with mild to moderate cognitive deficits as children with specific learning disabilities rather than children with mental retardation. Some years ago, the American Association on Mental Retardation and other groups began emphasizing that for a valid diagnosis of mental retardation to be made, the person must have deficits not only cognitively but also in the area of adaptive behavior. Prior to that change most students were diagnosed as being mentally retarded primarily on the basis of an individual test of intelligence and a review of their educational background.

Table 3

Growth in Special Education by Disability Groups in Mississippi Age 6-21: Number Served under IDEA, Part B

DISABILITY	1976-77	1990-91	1991-92
Specific Learning Disabilities	2,728	27,875	29,247
Speech or language impairments	8,923	17,577	17,738
Mental retardation	14,169	7,304	6,928
Serious emotional disturbance	38	232	207
Multiple disabilities		253	269
Hearing impairments	347	338	351
Orthopedic impairments	51	849	928
Other health impairments	149	0	0
Visual impairments	39	129	144
Deaf-blindness	0	6	7
Autism	0	0	271
Traumatic brain injury	0	0	0
All disabilities	26,443	54,563	55,819

Source: Annual Reports to Congress on the Implementation of the Individuals with Disabilities Education Act.

The Mattie T. court suit was originally filed April 25, 1975 (Civil Action No. DC-75-31-S). The federal judge adjudged that the Mississippi State Department of

Education was guilty of using racially and culturally discriminatory tests and procedures used to classify students as handicapped; in part, because "Mississippi's black children were placed in classes for the mentally retarded at a rate more than three times that for white children" (Civil Action No. 75-31-S). The federal court's remedy was to require the Mississippi State Department of Education to take all steps necessary to bring the mental retardation placement rate difference to less than 1.9 percent and the specific learning disabilities placement rate difference to less than .25 percent in each district in the state by May 1, 1982 (Mattie T. Consent Decree [1979] 23-24).

In the 1992-93 Annual Report to the Federal Court, it is currently the situation that Mississippi's black children are placed in classes for the mentally retarded at a rate approximately four times that for white children. Under severe penalty, the Mississippi State Department of Education and the school districts have exerted extreme and commendable effort to comply with the federal court, seemingly without success--4696 black vs. 1160 white educable mentally retarded students (see Table 4).

Why does the racial distribution of Mississippi's students with disabilities differ from that of students in the school population? Black students seem to be more likely than their white counterparts to have experienced poor prenatal, perinatal, or postnatal health care, premature births, pregnancies at an early age, poor early childhood nutrition, etc., which may have resulted in actual disabilities. This difference, in part, may be due to a greater likelihood of minority persons being reared in the environment

of poverty with its attendant cultural and economic deprivation that is accompanied by such problems as retarded intellectual development and by progressive deficits in academic and social living skills.

The reasons, however, for this disproportionately high ratio of black children in special education in Mississippi continues to be a major issue of concern and debate. The use of standardized assessment instruments, sometimes charged with being racially biased, is likely not a real factor as capacity to learn is directly effected by environment (Patton, Beirne-Smith, & Payne, 1990) and as such instruments are excellent predictors of educational success (Sattler, 1990). Numerous studies, such as the U.S. Department of Education's Fourteenth Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act of 1992, reported that racial disproportions are very pronounced within certain disability groups (1992 Annual Report, 15-16). Serious learning disabilities or mental retardation have not been mandated away by the Mattie T. court decision. Whether the students should be labeled mentally retarded or some other term is debatable, but the obvious fact is that a much larger percent of black children are having severe academic problems and need special help. Professionals and parents must be sensitive to the possibility that special education services have been and are being denied to Mississippi children because they are black. Finally, to exclude students with disabilities from appropriate special education services because of race is illogical, unscientific, immoral, and just plain wrong.

Table 4

Racial Data - Mattie T. Consent Decree
School Year 1992-93
Total School Enrollment: 496,827

	Number Black	Number White	% Black	% White
Total Enrollment	252,584	244,929	50.8%	49.2%
Educable Mentally Retarded	4,696	1,160	1.859%	.474%
Specific Learning Disabled	22,291	13,072	8.825%	5.337%

Source: Mississippi State Department of Education

Integration of Students with Disabilities in Mississippi

The Mississippi Department of Education in accordance with Section 618(b) of IDEA, annually collects data from the school districts on the number of students with disabilities being served in each of the following educational environments: regular class, resource room, separate class, separate school facility (public and private), residential facility (public and private), and homebound/hospital placement.

The Mississippi State Department of Education defines the educational environments for reporting purposes as follows:

- *Regular class* includes students who receive the majority of their education program in a regular classroom and receive special education and related services outside the regular classroom for less than 21 percent of the school day.

- *Resource room* includes students who receive special education and related services outside the regular classroom for at least 21 percent but no more than 60 percent of the school day.

- *Separate class* includes students who receive special education and related services outside the regular classroom for more than 60 percent of the school day.

- *Separate school* includes students who receive special education and related services in separate day schools for students with disabilities for more than 50 percent of the school day.

- *Residential facility* includes students who receive education in a public or private residential facility, at public expense, for more than 50 percent of the school day.

- *Homebound/hospital environment* includes students placed in and receiving special education in hospital or homebound programs.

During the 1990-91 school year the majority (98.20 percent) of students with disabilities received education and related services in regular school buildings which include regular class, resource room, and separate class placements (see Table 6). Specifically, 32.08 percent were served in regular classes, 38.90 percent in resource rooms, and 27.22 percent in separate classes.

Variation exists in the placement patterns across disabilities. Educational placement data by disability were collected for students age 6-21. In general, students with less severe disabilities (e.g., specific learning disability, speech or language impairments) are served in less restrictive settings (e.g., regular class, resource room) than are students with more severe disabilities (e.g., multiple disabilities, deaf-blindness). See Table 5 for number of students and Table 6 for percentages of students reflecting placement patterns in Mississippi.

Table 6 shows that 94.82 percent of students with speech or language impairments and 70.64 percent of students with specific learning disabilities were

served in either regular classes or resource rooms. In contrast, only 24.39 percent of students with mental retardation received educational services in these settings. Students with speech or language impairments were the most integrated group of students with 68.78 percent served in regular class placements, 26.04 percent served in resource rooms, and only 5.10 percent in separate classes. The majority (52.95 percent) of students with specific learning disabilities received educational instruction in resource rooms. Only .03 percent of students with specific learning disabilities received instruction in separate schools. The most common placements for students with mental retardation were separate classes (70.42 percent) and resource rooms (20.58 percent). Students with serious emotional disturbance were primarily served in separate classes (50.90 percent) and resource rooms (29.28 percent).

Although 33.81 percent of students with hearing impairments were served in the regular class or resource room placements, the largest single placement category for these students was separate classes (35.03 percent). An additional 30.75 percent of students with hearing impairments were served in either separate schools or residential facilities. Students with visual impairments had a placement rate of only 8.9 percent in regular classes. In addition, 24.75 percent of these students were served in resource rooms and 28.22 percent were served in separate classes. The largest group are served in residential schools (e.g., Mississippi School for the Blind and Regional Centers of the Mississippi Department of Mental Health).

The regulations which accompany the Individuals with Disabilities Education Act emphasizes the importance of appropriately placing the person with a handicapping

condition in an educational setting which will meet the needs of that particular individual. Under the guise of mainstreaming, there have been instances where the student in need of special educational services was inappropriately placed within the regular classroom. When a person is placed in a traditional classroom, this only means that the person was physically integrated; that is, within the physical setting. What must be achieved is not only physical integration but, more importantly, psychosocial integration where the person is a "real" part of the classroom.

Mississippi vs. Other States in Placement Patterns

The Individuals with Disabilities Education Act (IDEA) and its implementing regulations require that each student have an individualized education program (IEP) that defines appropriate educational services. An educational placement, drawn from a continuum of alternatives, is selected to provide appropriate services in the setting that meets each student's individual educational needs and offers the greatest opportunity for interaction with students who do not have disabilities.

However, from placement data and percentage of student served, patterns vary considerably across states. This variability is evident in Tables 7 and 8.

Table 5

Number of Students in Mississippi Age 6-21 Served in Different Educational Environments by Disability: School Year 1990-91

Disability	Educational Environment					
	Regular Class	Resource Room	Separate Class	Separate School	Residential Facility	Homebound /Hospital
Specific Learning Disability	4,258	12,742	7,017	7	5	36
Speech or language impairments	10,852	4,109	805	9	0	3
Mental retardation	236	1,274	4,360	116	155	50
Serious emotional disturbance	17	65	113	6	12	9
Hearing impairments	37	129	172	7	144	2
Multiple disabilities	2	7	179	28	45	16
Orthopedic impairments	85	429	452	39	16	87
Other health impairments	0	0	0	0	0	0
Visual impairments	20	50	57	2	70	3
Deaf-blindness			4	3	5	0
All disabilities	15,507	18,805	13,159	217	452	206

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table 6

Percentage of Students in Mississippi Age 6-21 Served in Different Educational Environments by Disability: School Year 1990-91

Disability	Educational Environment					
	Regular Class	Resource Room	Separate Class	Separate School	Residential Facility	Homebound /Hospital
Specific Learning Disability	17.69	52.95	29.16	.03	.02	.15
Speech or language impairments	68.78	26.04	5.10	.06	.00	.02
Mental retardation	3.81	20.58	70.42	1.88	2.51	.81
Serious emotional disturbance	7.66	29.28	50.90	2.70	4.40	4.05
Hearing impairments	7.54	26.27	35.03	1.43	29.32	.41
Multiple disabilities	.72	2.53	64.62	10.11	16.24	5.78
Orthopedic impairments	7.67	38.72	40.79	3.52	1.44	7.85
Other health impairments	0	0	0	0	0	0
Visual impairments	8.90	24.75	28.22	.99	34.65	1.49
Deaf-blindness	0	0	33.33	25.00	41.67	0
All disabilities	32.08	38.90	27.22	.45	.94	.43

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table 7

Percentage of Students Age 6-21 Served in Different Educational Environments by State School Year 1990-91 under IDEA, Part B and Chapter of ESEA All Disabilities

	Educational Environment					
	Regular Class	Resource Room	Separate Class	Separate School	Residential Facility	Homebound /Hospital
Mississippi	32.08	38.90	27.22	.45	.94	.43
Texas	5.05	64.98	25.85	2.04	.52	1.57
West Virginia	6.18	67.48	24.21	1.23	.81	.10
New York	7.39	37.77	42.84	10.53	.66	.87
Arizona	8.72	63.22	23.20	3.24	1.40	.22
District of Columbia	13.34	25.14	36.89	18.93	4.87	.83
Minnesota	11.70	79.81	4.73	1.92	1.43	.41
Illinois	25.88	34.74	31.58	6.01	1.39	.41
California	24.57	43.66	27.98	3.33	.43	.01
South Dakota	8.46	78.85	5.28	2.11	4.09	.22
Louisiana	37.30	17.76	39.62	25.17	2.20	.55
South Carolina	30.21	42.56	24.12	2.48	.53	.10
Georgia	37.09	35.48	25.96	.41	1.00	.05
Florida	36.90	29.97	28.06	3.92	.41	.73

Source: Fifteenth Annual Report to Congress, U. S. Department of Education

Table 8

Percentage of Students, Based on Total School Enrollment Age 6-17 Served During the School Year 1990-91 under IDEA, Part B and Chapter 1 of ESEA

	All Disabilities	Specific Learning Disabilities	Mental Retardation	Serious Emotional Disturbance	Speech or Language Impairment
Mississippi	10.47	5.22	1.33	.04	3.53
Texas	8.98	5.18	.58	.76	1.80
West Virginia	11.45	5.24	2.10	.61	3.21
New York	10.20	6.20	.62	1.59	1.02
Arizona	8.40	4.90	.69	.50	1.79
District of Columbia	6.63	3.55	.90	.90	.76
Minnesota	8.95	4.10	1.12	1.56	1.70
Illinois	11.44	5.54	1.14	1.34	3.01
California	8.26	5.07	.40	.24	1.93
South Dakota	9.27	4.33	.93	.33	2.97
Louisiana	7.92	3.33	1.17	.52	2.27
South Carolina	10.66	4.47	2.00	.85	2.94
Georgia	7.86	2.45	1.78	1.59	1.80
Florida	11.35	4.99	1.26	1.32	3.43

Source: Fifteenth Annual Report on the Implementation of the Individuals with Disabilities Education Act

At the classroom level, Texas reported serving only 5.05 percent of students with disabilities in regular classrooms. However, 32.08 percent of Mississippi's special education students were served in regular classrooms.

In Louisiana, 17.76 percent of students with disabilities were served in resource rooms. In Mississippi, 38.90 percent of all such children were placed in resource rooms.

A similar variability emerges for separate class placement. New York utilized separate class placement for 42.84 percent of their children with disabilities while Mississippi used this option for only 27.22 percent of its disabled children.

The District of Columbia used separate school placement 18.93 percent of the time and residential facility placement for 4.87 percent of its children. Mississippi compares favorably with .45 and .94 respectively.

Educational placements vary by disability due, in part, to the different needs of students and services delineated in the students' IEPs. As found in Mississippi, students with mild to moderate disabilities (e.g., specific learning disabilities, speech or language impairments), are served in less restrictive placements (e.g., regular classes, resource rooms), while students with more severe disabilities (e.g., deaf-blindness, multiple disabilities) are served in more restrictive placements (e.g., separate schools, residential facilities).

The following discusses the educational placement of students from 14 states with the following disabilities: specific learning disabilities, mental retardation and

emotional disturbance. Fourteen states from various regions of the country with different population sizes and patterns were selected for comparison with Mississippi.

Specific Learning Disabilities

The percentage of children with specific learning disabilities served in regular class varied from 2.37 percent in California to 41.73 percent in Georgia. Mississippi stands at 17.69 percent (See Table 9). However, the resource room is the major educational environment in South Dakota with 88.02 percent. There was considerable variation in the use of the separate class with a high of 42.74 percent of students in New York and a low of .63 percent in Minnesota.

Mental Retardation

Students with mental retardation were likely to receive their educational services in more restrictive placements. Separate classroom placements served the majority of students with mental retardation (see Table 10). However, Texas (26.36 percent) and Minnesota (20.79 percent) did not follow this pattern.

The least integration occurred where separate class/separate school placements were utilized for most students with mental retardation. New York (93.98 percent), California (93.08 percent), Florida (93.23 percent) and Illinois (92.99 percent) were the leaders. Classroom integration seems to be at a minimum in these states.

Table 9

Percentage of Students Age 6-21 Served in Different Educational Environments by State School Year 1990-91 under IDEA, Part B and Chapter 1 of ESEA Specific Learning Disabilities

	Educational Environment					
	Regular Class	Resource Room	Separate Class	Separate School	Residential Facility	Homebound /Hospital
Mississippi	17.69	52.95	29.16	.03	.02	.15
Texas	5.11	65.75	25.61	1.68	.36	1.50
West Virginia	8.63	74.91	16.11	.14	.21	.01
New York	1.38	53.75	42.74	1.77	.14	.22
Arizona	6.87	73.32	19.44	.30	.02	.04
District of Columbia	9.15	42.60	37.57	10.68	.00	.00
Minnesota	13.94	84.98	.63	.16	.25	.03
Illinois	3.75	63.24	32.29	.66	.02	.03
California	2.37	68.91	28.11	.58	.01	.00
South Dakota	10.55	88.02	1.19	.05	.14	.05
Louisiana	23.07	34.04	42.10	.12	.35	.32
South Carolina	7.88	71.43	19.44	1.21	.01	.03
Georgia	41.73	44.79	13.41	.01	.05	.00
Florida	19.77	54.33	25.48	.37	.01	.04

Source: Fifteenth Annual Report on the Implementation of the Individuals with Disabilities Education Act

Table 10

Percentage of Students Age 6-21 Served in Different Educational Environments by State School Year 1990-91 under IDEA, Part B and Chapter 1 of ESEA Mental Retardation

	Educational Environment					
	Regular Class	Resource Room	Separate Class	Separate School	Residential Facility	Homebound /Hospital
Mississippi	3.81	20.58	70.42	1.88	2.51	.81
Texas	4.92	63.27	26.36	2.85	.88	1.72
West Virginia	.61	26.69	67.35	4.63	.53	.19
New York	.44	4.27	62.25	31.73	.92	.40
Arizona	.53	15.31	72.94	10.76	.02	.43
District of Columbia	.98	8.68	61.71	27.55	1.09	.00
Minnesota	2.76	73.00	20.79	2.28	.94	.23
Illinois	.50	2.79	74.70	18.29	1.67	.06
California	2.80	1.92	74.98	18.10	2.15	.05
South Dakota	1.91	62.41	21.69	4.98	8.94	.07
Louisiana	1.57	6.18	76.33	9.78	5.62	.51
South Carolina	3.45	33.47	56.20	6.58	.09	.20
Georgia	7.68	27.47	62.44	1.03	1.31	.07
Florida	1.52	4.83	72.19	21.04	.09	.32

Source: Fifteenth Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act

The absence of integration of students with mental retardation may have resulted from experiences by school personnel that the cognitive deficits of students with mental retardation are difficult to accommodate in regular classes. Research has shown that regular education teachers (i.e., regular class teachers) lack the skills to teach children with moderate and severe disabilities (e.g., Davis, 1989; Gans, 1987). Special education resource room teachers may also lack the skills, training, or resources to accommodate these children.

In Mississippi more integration at the classroom may not have occurred because children with mild mental retardation have been declassified and/or children with mild/moderate mental retardation may be classified as severe learning disabled. Therefore, in Mississippi, the students currently classified with mental retardation appear to be more severely involved.

Serious Emotional Disturbance (SED)

The percentage of students with serious emotional disturbance (SED) placed in various educational environments varies considerably across states (see Table 11). A child with SED from Arizona (.90 percent) would have very little chance of being place in a regular class; however, if the child were SED in Georgia his chance would be almost one third (31.22 percent).

Resource room placement follows an even more varied picture. In California, only 6.05 percent of students with SED are placed in this educational environment while more than 66 percent are placed in resource rooms in Minnesota.

Table 11
Percentage of Students Age 6-21 Served in Different Educational Environments by State
School Year 1990-91
under IDEA, Part B and Chapter 1 of ESEA
Serious Emotionally Disturbed

	Educational Environment					
	Regular Class	Resource Room	Separate Class	Separate School	Residential Facility	Homebound /Hospital
Mississippi	7.66	29.28	50.90	2.70	5.40	4.05
Texas	5.06	65.22	25.49	2.21	.47	1.54
West Virginia	10.67	41.22	42.87	2.97	2.08	.19
New York	1.95	16.67	52.57	23.53	1.76	3.61
Arizona	.90	32.39	39.61	12.67	13.57	.87
District of Columbia	2.34	7.27	29.96	21.58	32.80	6.04
Minnesota	9.84	66.98	6.53	8.43	6.34	1.87
Illinois	2.54	18.85	45.28	26.72	6.38	.34
California	3.57	6.05	43.57	44.37	2.26	.18
South Dakota	7.84	39.38	7.84	17.32	27.22	.41
Louisiana	7.92	11.08	66.43	7.14	6.07	1.36
South Carolina	10.43	41.31	41.38	5.36	1.22	.31
Georgia	31.22	37.89	29.04	.01	1.80	.04
Florida	13.81	26.45	49.32	8.93	1.27	.21

Source: Fifteenth Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act

In the more segregated setting, the separate class, Minnesota seldom utilizes this option (6.53 percent) and it is by far the most popular in Louisiana (66.43 percent). California utilized the separate school/residential facility option (46.63

percent) frequently as did the District of Columbia (54.38 percent), contrasted to Georgia (1.81 percent).

There exists grave concern that students in Mississippi with serious emotional disturbance are rarely identified. Underidentification may occur because some characteristics of serious emotional disturbance, such as withdrawal or depression is being overlooked or the label is regarded by parents as undesirable. Regardless, professionals are not classifying children in Mississippi with the serious emotional disturbance label (see Tables 8 and 12).

Another problem which can be contributing to the small number of students classified as emotionally disturbed could be due to the fact that schools have difficulty in obtaining teachers certified in this area. Some university special education programs (e.g., University of Mississippi) no longer offer course work for certification in this area.

Additionally, SED support services may not be available within the school district. This is an excellent area in which an interdependent relationship between the schools and the local community mental health center can be established to meet the needs of the particular student. Within our state there are many instances where the mental health centers are providing case management and counseling services to the children and their parents as well as support services to the educational staff in the areas of training and consultation (e.g., mental health centers in Starkville and Hattiesburg).

Table 12

Mississippi Public School Enrollment and Total Number of Children Identified as Seriously Emotionally Disturbed

1992	**207**	**501,577**
1991	**232**	**500,122**
1990	**234**	**502,020**
1989	**234**	**503,326**
1988	**249**	**505,550**
1987	**290**	**498,639**
1986	**337**	**459,631***
1985	**399**	**459,049***
1984	**421**	**461,271***
1983	**409**	**462,581***
1981-1982	**383**	**466,521***

* The Education Reform Act of 1982 required public kindergartens beginning with the 1986/1987 academic year. No data available for kindergartens 1982-1986.

Source: Mississippi State Department of Education

Consumer Satisfaction Study

The Developmental Disabilities Assistance and Bill of Rights Act required Mississippi's Developmental Disabilities Planning Council to conduct a survey of people with developmental disabilities to discover what their experiences were and to find out what impact available services had in their lives. Subsequently, Mississippi conducted and published a statewide Consumer Satisfaction Survey entitled A

Consumer Satisfaction Study of Services of Individuals with Developmental Disabilities in Mississippi. This report presented Mississippi legislators and the public with the most extensive information about the lives of consumers and their families ever collected for the Mississippi State Developmental Disability Council and is summarized in the following section.

The Mississippi survey consisted of 298 face-to-face interviews. The in-person interviews were focused in various parts of the state and in numerous public and private agencies as well as family homes. All known major agencies specifically serving persons with developmentally disabilities were randomly selected. Subsequently, a random sample of individuals from these agencies were interviewed. All but two persons in the randomly selected group were interviewed.

The interview instrument was divided into seven sections:

A. Eligibility/Screening

B. Demographics

C. Services/Satisfaction

D. Independence,
defined as "the extent to which persons with developmental disabilities exert control and choice over their own lives" (P.L. 100-146, Section 102.6)

E. Integration,
defined as "(A) (i) the use by persons of developmental disabilities of the same community resources that are used by and available to other citizens, and (ii) participation by persons with developmental disabilities in the same community activities in which nondisabled citizens participate, together with regular contact with non-disabled citizens

(B) the residence by persons with developmental disabilities in homes or in home-like settings which are in proximity to community resources, together with regular contact with nondisabled citizens in their communities"
(P.L. 100-146, Section 102.8)

F. Productivity,
defined as, "(A) engagement in income-producing work by a person with developmental disabilities which is measured through improvements in income level, employment status, or job advancement, or
(B) engagement by a person with developmental disabilities in work which contributes to a household or community"
(P.L. 100-146, Section 102.7)

G. Support/Services/Assistance Needed

Procedures

The Research and Training Center for the Handicapped at the University of Mississippi conducted the survey for the Council. The sample of 300 individuals was obtained from four major sources:

1. The Developmental Disability Service Provider Agencies (56 percent)
2. Mississippi Rehabilitation for the Blind Agency (19 percent)
3. Mississippi Division of Vocational Rehabilitation (5 percent)
4. Private agencies receiving federal and/or state assistance (20 percent)

Letters and fact sheets were mailed to each service provider whose address appeared on lists provided by the Department of Mental Health. The letters described the survey and asked for cooperation from the service providers. Centers were selected at random from these lists and contacted by telephone to arrange for convenient times to meet with the clients. At smaller centers ($n < 30$), every single

client was included in the sample to avoid selection bias. At larger facilities, every fifth person on an alphabetically ordered list was chosen to participate in the survey.

Participants

To be eligible for the survey, participants must have been disabled before the age of 22. Also, they must require a substantial amount of help in three of seven major life areas. These areas are (1) self care; (2) receptive and expressive language; (3) learning; (4) mobility; (5) self-direction; (6) capacity for independent living; and (7) economic self-sufficiency.

Participants in the survey came from diverse residential settings such as institutions, group homes, supervised apartments and independent living. Care was also taken to ensure that each geographical region in the state was represented. Each client was personally approached by the interviewers for their consent to be interviewed. Consent was refused by only two of the clients approached. The rest (99.3 percent) knowingly and willingly signed a statement of consent.

Of these, 4.6 percent were unable to complete the survey because they did not meet the federal definition of developmentally disabled. That is, they did not require a substantial amount of assistance in three of the seven major life areas and/or were disabled after age 21. However, the majority of the persons surveyed were multi-handicapped and the vast majority reported substantial functional limitations in more than three life areas.

Data Collection

Each interview was conducted face-to-face with the participant and took an average of one hour to complete, ranging from a minimum of 30 minutes to a maximum of 2 1/2 hours. The two interviewers from the University of Mississippi worked essentially full time on the project.

For the sake of accuracy as far as the mentally retarded individuals were concerned, the sections on Eligibility and Demographics were completed by service providers before the interviews. Alternatively, interviewers were given access to clients' records to obtain the data. All this was done after the clients and/or their legal guardians had granted their permission by signing the statement of consent.

Summary of Findings

Data obtained from the survey was analyzed extensively. A descriptive discussion of the results of the analysis were presented in Volume II. The results were summarized in detail and where appropriate, were presented in the form of graphs or tables. A few examples are included in the following section.

In examining the voluminous amount of data produced by this survey, some important factors must be noted. The Services Received and Satisfaction Section yielded a high degree of satisfaction. The level of satisfaction was relatively high for the majority of people who were interviewed and these persons were satisfied with the programs. Responses to questions on some specific programs are summarized in Table 13.

Table 13

Residential and Vocational Services

Service	Number(%) Receiving	Satisfied	Dissatisfied
Institution	19 (6.3%)	14 (73.7%)	5 (26.3%)
Nursing Home	1	1 (100%)	0 (0.0%)
Group Home Apartments	88 (29.3%)	80 (90.9%)	8 (9.1%)
Supervised Apartments	34 (11.3%)	28 (82.3%)	6 (17.6%)
Room and Board Domiciliary Care	15 (5%)	12 (80%)	3 (20%)
Substitute/Foster Family Care	18 (6%)	17 (94.4%)	1 (5.6%)
Homemaking Assistance/Training	37 (12.3%)	34 (91.9%)	3 (8.1%)
Work Activities/Prevocational	192 (64%)	180 (93.7%)	12 (6.3%)
Sheltered Employment	69 (23%)	49 (71.0%)	20 (29.0%)
On-site aide/Attendant	64 (21.3%)	62 (97.9%)	2 (3.2%)

In only a few of the services was there a strong dissatisfaction response of above 20 percent. Such programs/services were 1) transportation for leisure time during weekdays, 2) transportation for leisure time during weekends, and 3) recreational/leisure services. When a person is not satisfied with a service which is provided by the government, the causes may be numerous.

The majority of services provided by private or public agencies do not emphasize the provision of services which would be considered to be leisure or recreational in nature. Resources which are available are utilized primarily in the

provision of either living arrangements or vocational services. The dissatisfaction in this particular area highlights the importance of providing services that encourage psychosocial integration which generally is facilitated more in recreational arenas than in either living or vocational ones.

The major reasons given for dissatisfaction with transportation services were 1) not receiving enough transportation services and 2) the services were not suited to individual needs. The former reason is the one major factor for dissatisfaction in recreation/leisure services. This indicated that existing transportation services ought to be evaluated and that transportation and recreation/leisure services should be expanded.

Independence is the ability to choose what happens to you in your daily life. The fundamentals of independence are guaranteed in the United States. According to P.L. 100-146, independence is "the extent to which persons with developmental disabilities exert control and choice over their own lives." Most respondents, whether they are adults who should be making as many choices for themselves as possible or whether they are children (up to 22 years) who should be learning to make choices for themselves, said they wanted to be independent. Independence was highly valued among people with developmental disabilities. Although the overwhelming majority (74.7 percent) considered independence of extreme importance, only 15.7 percent thought themselves very independent.

When one considers the degree of independence felt by persons surveyed, it is interesting to note that persons residing within the community were not significantly

more positive in their perception of community integration than were persons residing in residential setting. Only in isolated areas (like decorating their rooms, choosing what to do in the evenings, and deciding what to do with their spending money) did a significantly high percentage of the respondents say they could choose to do what they wanted.

As may be seen from the facts presented in Table 14, the importance of independence for people with developmental disabilities varies considerably. However, it does appear that many respondents do not have the degree of independence that they would like. When respondents did not choose, their families usually did.

Table 14

Importance of Independence

Very important	**74.9%**
Somewhat Unimportant	**2.3%**
Somewhat Important	**15.4%**
Not Important	**.7%**
Neutral	**6.7%**

Community integration for people with developmental disabilities may be defined as four crucial points:

1. the chance to participate in all the activities in the community open to citizens who are not disabled;

2. the chance to have friends who are not disabled;

3. the opportunity to live in homes similar to those of citizens who are not disabled; and

4. the opportunity to use the same community resources which are available to citizens who are not disabled.

In terms of integration, very high percentages report never participating in leisure activities that non-disabled individuals participate in. A majority of the respondents (65.3 percent) said most of their friends were disabled individuals. While 45 percent considered it very important to be integrated, only 9.7 percent said they were totally integrated into the community.

This survey brings to our attention the lack of training for independent functioning and to note successful efforts to facilitate psychosocial integration of persons with disabilities with persons without disabilities were infrequent. It is obvious that much has yet to be done to integrate the disabled individuals of Mississippi into the larger community (see Tables 15 and 16).

Table 15

Frequency of Participation in Community Activities[1]

Activity	Frequency		
	Once a week and more	Less than once a week	Never
Visit friends/relatives/neighbors	147 (49.9%)	110 (36.7%)	30 (10.0%)
Visit supermarket/food store	150 (50.0%)	89 (29.7%)	50 (16.7%)
Go to restaurant	90 (30.0%)	163 (54.3%)	34 (11.3%)
Go to church	191 (63.7%)	54 (18.0%)	51 (17.0%)
Go to shopping center	106 (35.3%)	148 (49.3%)	33 (11.0%)
Go to bar/tavern	3 (1.0%)	25 (8.3%)	262 (87.3%)
Go to bank	66 (22.0%)	123 (41.0%)	99 (33.0%)

[1] Percentages in this table will not add up to 100% because of non-responses.

Table 16

Frequency of Participation in Leisure Activities

Activity	Frequency		
	6 times or more	Less than 6 times	Never
Go to movies	68 (22.7%)	137 (45.7%)	83 (27.7%)
Go to live theater performance	6 (2.0%)	70 (23.3%)	210 (70.0%)
Go to live popular music performance	17 (5.7%)	101 (33.7%)	165 (55.0%)
Go to sports event	46 (15.3%)	108 (36.0%)	137 (45.7%)
Athletic Clubs/Facilities	24 (8.0%)	23 (7.7%)	241 (80.3%)
Community/Civic Groups	13 (4.3%)	5 (1.7%)	258 (86.0%)

According to P.L. 100-146, productivity means "engagement in income-producing work by a person with developmental disabilities which is measured through improvements in income level, employment status, or job advancement, or engagement by a person with developmental disabilities in work which contributes to a household or community." Work can provide the opportunity for integration; it can be the place to interact with people who are not disabled as well as meeting new friends. To work for pay also is tied to independence; a job at a decent wage allows a person to choose for him/herself how and where to live.

As for productivity, 28 hours at $68 a week was indicated by the average respondent, figures that are vastly different from those in the general population. These figures become even more variant when only the mentally retarded respondents are considered. These individuals worked an average of 25 hours a week and are paid an average of $26.50 a week. Thus, while 73.7 percent of the respondents thought it very important to be productive, only 29.0 percent thought they actually were very productive. Lack of productivity in turn makes it difficult for these individuals to attain the independence they want.

An important aspect of this survey was to discover the services needed by developmentally disabled individuals. Table 17 revealed that transportation services topped the list of needs, followed by income and food assistance, recreation/leisure services, health services, case management, and companion/friend - advocate programs.

The data in this study supports the premise that although people with developmental disabilities have special needs, their basic needs are the same as all members of society. People with developmental disabilities, like all people need to work and contribute to society.

Table 17

Supports/Services/Assistance Needed

Service	Some Need	Strong Need
Transportation to and from work/school/ day activity	28 (9.3%)	132 (44.0%)
Transportation to and from non-daily activity	33 (11.0%)	136 (45.3%)
Transportation for leisure time (weekdays)	37 (12.3%)	131 (43.7%)
Transportation for leisure time (weekends)	34 (11.3%)	129 (43.0%)
Income Assistance	42 (14.0%)	105 (33.0%)
Food Assistance/Food Stamps	40 (13.3%)	78 (26.0%)
Recreation/Leisure Service	83 (27.7%)	87 (29.0%)
General Medical Services	89 (29.7%)	74 (24.7%)
Dental Services	74 (24.7%)	71 (23.7%)
Health Insurance (private)	43 (14.3%)	59 (19.7%)
Payment for or Provision of Medication	36 (12.0%)	72 (24.0%)
Case Management	40 (13.3%)	67 (22.3%)
Companion/Friend Advocate Program	31 (10.3%)	63 (21.0%)

Mississippi Vs Other State Consumer Surveys

The Developmental Disabilities Planning Council of each state conducted a survey of consumer satisfaction with services they were currently receiving. In addition, Councils agreed to survey the status of consumers (i.e., people with developmental disabilities) in terms of the goals of independence, productivity, and integration into the community and in terms of current life area status. A common survey instrument was utilized by all states including several measures of people's current level of independence, productivity, and community integration. Over 15,000 consumers participated in the surveys including 298 from Mississippi.

Unfortunately, personnel from the Office of Administration on Developmental Disabilities in Washington could provide limited data for this section. That office had analyzed data to present to Congress that averaged all data for all the councils and not by individual state. With these limitations, the following analysis is based on the summary report to Congress. From the description of the national consumer population interviewed, the primary disability of people surveyed was: mental retardation (42 percent), physical disability (41 percent), physical disability (41 percent), sensory disability (10 percent), and emotional disability (6 percent). However, of the 298 individuals in the Mississippi sample, 222 (74.0 percent) were diagnosed as mentally retarded, and 76 (25.3 percent) were physically disabled Of the 76 physically disabled individuals, 56 (73.7 percent) were diagnosed as legally or totally blind. Many of these individuals from Mississippi are multi-handicapped with

one hundred and seventy (56.7 percent) reporting at least one other disability. Therefore, the Mississippi sample appeared to be more severely handicapped.

Employment and Income

The employment experiences of Mississippi consumers surveyed were compared with the national average. These data show that fewer adults with developmental disabilities worked full time in the national survey. They were much more likely to be enrolled in a full time educational program, probably representing individuals who were in "day habilitation" or pre-vocational programs as well as some young adults still enrolled in public education. These comparisons are illustrated in Table 18 with the average of all state consumer surveys compared with Mississippi.

Table 18

Comparison of Employment Status By Percent for Selected Categories

	Full Time Work	Part Time Work	Full Time Student	Other
Mississippi Sample	37	50	2	11
Average of all surveys of the 50 states	9	11	21	59

The hourly wage analysis of the summary of state consumer survey data showed that those surveyed who had wage earnings were considerably worse off than the general population. A further analysis suggested that the major contributory factor

was the sub-minimum wages paid in sheltered employment. However, Mississippi appears to be above average considering the low wage rate paid for all workers in Mississippi (See Table 19).

Table 19

A Comparison of Hourly Wage Study of those People in the Consumer Surveys Aged 16 and Over Working Full or Part Time

	Mean Hourly Pay
Mississippi Survey	**$2.43**
Average of all consumer surveys for the states	**$2.52**

There was a general satisfaction with the programs operated by the Social Security Administration, based on data from both Mississippi and the National Data (See Table 20).

Table 20

Satisfaction with Financial Assistance Programs

Program	% Receiving		% Using and Satisfied	
	Mississippi	National	Mississippi	National
AFDC	2.5%	10%	99.6%	69%
SSI	81%	59%	92.6%	84%
SSDI	44%	22%	95.2%	86%

Mississippi and the other states found very close agreement in one area of need - transportation. Transportation services ranked as the most needed services of all for respondents in both consumer surveys. This included transportation to go to work and to attend school and day activities, and transportation to and from appointments, errands, leisure activities, and other personal activities.

Summary

From our interviews, we conclude that persons with developmental disabilities have the same wants, desires, aspirations, dreams, feelings, and rights as do persons without disabilities. They want the same opportunities throughout their lives for happiness and personal achievement as do persons without disabilities. They want the choices of how, where and with whom they want to live.

Finally, the persons we interviewed can very well express their preferences, needs, wants, and desires. Therefore, ongoing consumer satisfaction studies should be conducted in such a way as to demonstrate consumer input and outcomes related to the consumers' quality of life and happiness.

Recommendations

The final 100 recommendations were based primarily on the information compiled while carrying out this mandated research and included such sources as:

1. Mississippi's Consumer Satisfaction Survey.

2. Mississippi Developmental Disabilities Planning Council's pool of information on issues and data on services to people with developmental disabilities in Mississippi.

3. The most recent annual Report to the Legislature from each relevant Mississippi State Agency as well as their State plans submitted to the Federal Government, needs assessment and evaluation studies.

4. Federal program data with specific information on services and expenditures relevant to Mississippi such as the following key Federal programs: ICF/MR, special education, and vocational rehabilitation.

These recommendations set a vision for the Mississippi developmental disability community. If this vision is followed, it would put this state among the country's leaders in abolishing barriers of discrimination for persons with disabilities, and extending instead the full franchise of community.

There can be little debate about the vision by the Congress of the United States as outlined in this major piece of legislation on behalf of persons with developmental disabilities. This powerful and compelling vision mandated by the Developmental Disabilities Assistance and Bill of Rights Act (P.L. 100-146), is summarized in such terms as:

"Congress finds that...

> ...Notwithstanding their severe disabilities, these persons have capabilities, competencies and personal needs and preferences;
>
> ...family and members of the community can play a central role in enhancing the lives of persons with developmental disabilities, especially when the family is provided necessary support services;

> ...it is in the national interest to offer persons with developmental disabilities the opportunity, to the maximum extent feasible, to make decisions for themselves and to live in typical homes and communities where they can exercise their full rights and responsibilities as citizens."
>
> 101 Stat.841 (b)

That the purposes of this legislation are:

> "...To assure that all persons with developmental disabilities receive the services and other assistance and supports necessary to enable such persons to achieve their maximum potential through increased independence, productivity, and integration into the community...
> ...To enhance the role of the family in assisting persons with developmental disabilities to achieve their maximum potential."
>
> 101 Stat.841 (b)(1)(2)

These 100 key recommendations in the 1990 report were intended to serve as a guide for that vision. No list of recommendations could please everyone to the same degree. The challenge was not to build full consensus. Rather, the objective was to compile a series of recommendations that were most consistent with the spirit and intent of the Developmental Disabilities Act.

Finally, many interested persons provided public comments on the reviews and analyses and on these recommendations that constitute an action plan for remand of barriers to services for persons with developmental disabilities. This included input from advocates, consumer groups, the best thinking of experts and administrators of

public and private agencies currently serving individuals with developmental disabilities. A rating sheet of all recommendations was made available to these groups and their ratings and comments are found in Volume III.

Finally, after analyzing issues and funding since the 1990 report not much has changed over the past few years. There continues to be a hiatus between what is needed for people with developmental disabilities and current reality. It is also clear from our own recent analysis that the original recommendations are on target and have not been achieved for most Mississippians with developmental disabilities.

Goals or Visions for People with Disabilities

Our council identified recommendations for people with developmental disabilities in relation to the various life areas. The following are visions, goals, strategies, etc. that summarize some of the themes identified in the 1990 and 1994 reports in the life areas.

Our Vision of Supports to Individuals and Families

We believe that families are the greatest natural resource available to their children and are the major providers of support, care, training, and meeting other needs of their children who require long-term care because of a developmental disability and are living at home. Regardless of the severity of their disabilities, all children need supportive families and enduring relationships with caring people in a nurturing home-like environment.

All persons function in reciprocal social arrangements which are based upon belonging to a family unit which is the foundation of the community and larger society. Therefore, both paid and unpaid supports must encourage these natural social interactions and interdependency.

Our Vision of Employment and Income

We should advocate for supports which will increase the independence, productivity, and integration of people with developmental disabilities in the work place. We must also advocate for the expansion of supported employment to all subpopulations, as well as general increase in numbers served.

Attempts must be made to target money to contemporary services that support inclusion on the job and in the community. We should increase the number of citizens with severe disabilities moving to supported employment, increase their hours of work, with competitive employment as an ultimate goal. We must develop programs to empower people with disabilities to access and choose the job services they need.

Further, we must explore nontraditional and alternative employment placement for persons with disabilities. White (1990) states that as our society moves toward a global, technology-based economy, the traditional semi-skilled jobs held by persons with disabilities will shrink and high-skill/technological jobs will increase.

Our Vision of Aging

We must be cognizant of the fact that not only is there a need for vocational services for persons with disabilities but, as they age, there is also a need for the optional service of retirement to ensure that these persons retire "to" something and not merely "from" something. This will require training opportunities in transitioning from the world of work to the world of retirement. It will also require collaborative endeavors between services for elderly persons and services for persons with disabilities in order to ensure appropriateness of service available to the person and continuing inclusion of persons with disabilities with the larger community.

We must also be aware that parents of persons with disabilities are aging. This requires that we work with those families who have members with disabilities in conducting future's planning so that the level of anxiety surrounding a major fear of parents - What will happen to my child when I am no longer around to ensure their needs are being met? - can be decreased. This planning will affect not only the parents but also other members of the family who may be involved in either providing or securing services for the family member in question.

Our Vision in Education

Without increased support we cannot serve persons with significant disabilities whose needs are not being met. We must provide students with disabilities who are in regular classrooms the supports needed to remain and profit in these classrooms. The increasing number of at-risk students in the regular classroom who are failing and

the high drop out rate of nonhandicapped students is indicative of a system in trouble. How can the needs of persons with disabilities be met in the regular classroom when the needs of persons who differ only marginally from the norm are going unmet (Center & Blackbourn, 1993, 1994). We must improve outcomes for persons with severe disabilities as they move from school to adult life and increase the satisfaction levels of 1) persons with disabilities, 2) their families, and 3) those organizations which ultimately consume the product of special education programs. We must also support and advocate transition planning that includes student and parent involvement and connections with community support services.

We must keep uppermost in our mind the necessity of ensuring appropriateness of educational placement and not fall into the trap of mainstreaming or total inclusion of all students with disabilities. The concept of "most appropriate placement" based upon individual needs and considered on a case-by-case basis must be the ultimate standard related to placement. Otherwise, the underlying philosophy of individualization as a basic construct of special education is invalid. In fact, Kraning & Eulass (1993) states that the Regular Education Initiative and the concept of Full Inclusion violates the mandate of the Individuals with Disabilities Act for a continuum of appropriate services. Deming (1987) presents two points worth noting here. First, politics cannot exist in any system that purports to yield a quality product. Second, the ultimate measure of quality is the satisfaction of the customer.

The implications of these statements should be obvious. Professional and political agendas, if they do not produce consumer satisfaction, will ultimately work to

the detriment of the profession. Also the feedback of persons with disabilities and their families must be our ultimate measure of a concept's validity. Professionals and para-professionals working with persons with developmental disabilities and their families must remember they are merely the servants of persons with disabilities and their families and must address their needs, not attempt to set their agendas.

Our Vision of Housing

People with developmental disabilities, like all people, need to have a decent and appropriate place to live. We should increase federal housing program subsides to individuals with disabilities and develop incentives for public-private partnerships to increase the availability of affordable housing. We must provide housing options with supports and provide community options.

We must ensure that the issue of appropriateness of placement is uppermost in mind. When one considers the heterogeneity of the population of persons with disabilities, it is only logical that there must be an array of alternatives available ranging from living alone to living in a congregate setting in order to meet the person's unique needs.

Our Vision is Prevention

We need to develop a strategy to address prevention of developmental disabilities. This includes but is not limited to the prevention of fetal alcohol syndrome and drug addicted babies, high infant mortality and low birth weight. We must inventory existing private and public prevention programs in the state aimed at

preventing developmental disabilities. The prevalence of mild retardation tends to be substantially higher in lower socioeconomic areas where the environment is not sufficiently stimulating and supportive to promote intellectual growth (Stein & Susser, 1975; McMillan, 1982; Beirne-Smith, Patton, & Ittenbach, 1994). Specific measures are considered a must for the prevention of mental retardation in the lower socioeconomic area.

Summary

The data contained herein provide a comprehensive picture of existing service delivery for persons with special needs in Mississippi. Unlike comparisons on other aspects or dimensions of our society, Mississippi does not rank at or near the bottom of the scale. Indeed, with respect to many significant areas of concern related to the education, training, and support of persons with disabilities, the State of Mississippi is highly ranked. Many excellent developmental disability services already exist in Mississippi. A number of these programs are matchless, without peers in other states, and it is precisely these strengths that must be built upon to continue to improve agencies and organizations. Our challenge then is to hold to those things we do well while concurrently addressing those features of our existing programs in need of modification. In this way we can maximize our efforts to assure that all persons with developmental disabilities receive the services and other assistance and opportunities necessary to enable such persons to achieve their maximum potential through increased independence, productivity, and integration into the community.

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